

Submit 3 Copies
to Approaching
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.

30-015-25176

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

CAL-MON

8. Well No.

2

9. Pool name or Wildcat

SAN DUNES

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER ☐

2. Name of Operator

POGO PRODUCING COMPANY

3. Address of Operator

PO BOX 10340, MIDLAND TX 79702-0340

4. Well Location

Unit Letter _____ : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line

Section 35

Township 235

Range 31E

NMPM EDDY

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

AMENDED PROCEDURE

- CUT 9 5/8" CASING AT 4500' +/-
- POOH WITH CASING
- RIH WITH OPEN-ENDED TUBING THRU 9 5/8" CASING STUB; SPOT A CONTINUOUS PLUG BACK TO 1010'; SPOT THIS PLUG WITH A SUFFICIENT AMOUNT OF CEMENT TO GET TO 1010'; SPOT THIS PLUG IN 4 STAGES; WOC & TAG.
- SPOT A 60 SACK PLUG AT 649'; WOC; TAG
- CUT OFF WELLHEAD; SPOT 60 SACK PLUG; INSTALL DRY HOLE MARKER

BOND LOG ATTACHED

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Howard Boatright

TITLE

AGENT

DATE 02-16-04

TYPE OR PRINT NAME

HOWARD BOATRIGHT

TELEPHONE NO. 432-570-5382

(This space for State Use)

APPROVED BY

[Signature]

TITLE

Field Rep ID

DATE

2-17-04

CONDITIONS OF APPROVAL, IF ANY: